

DOCUMENT RESUME

ED 171 414

PS 010 631

AUTHOR Duane, Edward A.; Bridgeland, William M.
TITLE Children's Services in Michigan: A First Look.
PUB DATE [78]
NOTE 22p.
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Child Advocacy; *Child Welfare; *Community Service Programs; *Day Care Services; Educational Programs; Federal Aid; *Federal Programs; Political Influences; *Program Coordination; *Social Agencies; Social Services
IDENTIFIERS *Michigan; *Special Interest Groups

ABSTRACT

This preliminary report investigates federally funded childhood service programs mediated by state agencies in Michigan in order to uncover possible patterns of differential funding access for various client populations. Social services, public health and education programs were studied statewide to determine their number and nature, funding level and number of children served. A report of the statewide survey is supplemented by brief descriptions of conditions influencing program operations in selected counties. The data suggested that large and well-funded programs within each of the major child impacting agencies are oriented toward economically, socially or physically disadvantaged, high risk children. Overall, agencies provide numerous single strategy programs which are not integrated to serve children and their families with multiple needs. The data also indicate program fragmentation and overlapping functions which may lead to interagency conflict. In the area of educational programs, the importance of politically effective lobbyists for assuring continuous program funding is indicated. Descriptions of selected individual programs in each of the three childhood service areas (The Special Supplementary Food Program for Women, Infants and Children (WIC); ESFA Title I: Trainable Mentally Impaired; ESFA Title VI; Priority 4; and Day Care) are given. Ten recommendations for further research are suggested. Tabulated data on the childhood service agencies at state and county levels are appended. (Author/RH)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

ED171414

CHILDREN'S SERVICES IN MICHIGAN: A FIRST LOOK

By

Edward A. Duane

Department of Social Science

Michigan State University

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Edward A. Duane
+ William M. Bridgeland

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

And

William M. Bridgeland

Department of Social Science

Michigan State University

Report to the National Consortium for Families and Children.

PS 010631

Introduction

Our basic objective is, of course, to communicate the results of the preliminary exploration of federally-funded, state agency-mediated childhood programs in Michigan. Toward this end we will briefly sketch the Michigan political environment. Second and relatedly we make some generalizations about Michigan educational policy-making process which might serve eventually as working hypotheses about anticipated political patterns in the other two major areas of childhood programming: social services and public health. Third, we then will attempt to make the preceding more immediately relevant by summarizing the results of our recent key informant telephone interviews on the current major issue of childhood program coordination and integration among the state agencies. The preceding is intended to illuminate the fourth and central section of this report: the laying out of data on the state child-impacting programs in Michigan in two basic and sequential steps. These include: 1) an overview of the range of these programs within the three major service areas, specifically, social services, public health and education at the state and county levels; and 2) a case study analysis of certain specific programs in the respective areas at the state and county levels. We make tentative inferences from the preceding data. Last our recommendations about what appears to be needed in the next stage of investigation.

The Political Context

Michigan politics both from journalistic observation and research investigation has been characterized as one of intense political partisanship heightened by a history of basic cleavage between industrial management and trade unionism. Relatedly in the educational policy domain, a series of comparative studies of state K-12 educational power systems (Masters et al, 1963; Iannaccone, 1967; Berke and Kirst, 1972; The Educational Governance Study, 1974;

and Bridgeland and Duane, 1977) have maintained that Michigan is the clearest, sustained example of what has been called a "fragmented state-wide" power pattern wherein each educational group is in conflict with the other as they vie for a favored position with the legislature and state agencies.

Our own extensive elite interview studies of K-12 state educational governance in Michigan indicate a process of ever-increasing sophistication and organizational specialization among the associational education groups. Moreover, there is a clear pattern of both collaboration and conflict between these groups and the state Department of Education which not only performs policy-making, regulatory and service functions as a state agency, but it also constitutes an institutional interest group. Further, it competes for scarce dollars with other state agencies and contains a whole network of political subsystems which compete among themselves as well as with other agencies.

One over-riding concern of this present project is to determine the extent to which any interest group and state agency interactions might explain the distribution of what kind of services, to which children and in which locales. It is therefore interesting to make the preliminary observation about such apparent patterns in an area central to our investigation of childhood programming. Our prior research suggests that there are at least two important program areas applicable to the current study where power networks are operative. For example, the special education program people within the SDE form a closely coordinated alliance with their counterparts in surrounding states, with the state program director's organizations the state-level practitioner associations and the network of militant parent groups. In addition in compensatory education, a number of interviewees claimed that the single most important political factor in the allocation of moneys are the exchanges between compensatory education director Eugene Paslov, former Speaker of the

House William Ryan and the Detroit educational lobbyist Dick Smith ("who is always able to finagle an additional \$500,000 for Detroit").

Obviously, systematic interviewing to probe these other pertinent areas is necessary. Presumably, it would be reasonable to expect that the investigation would uncover significant similar patterns of political exchanges which are operative in public health and social services policy areas. For example, a leading educational lobbyist (with a tone of envy) states that the most powerful lobbying force in the state capitol is not a traditional associational interest group but the Department of Social Services, who, on short notice, can call on militant client groups such as ADC mothers or handicappers to descend in numbers on legislators in support of its programs.

Turning to the childhood services area, that which is currently upmost on the minds of state childhood policy people seems to be the issue of program fragmentation within and between departments servicing children. On the problem of fragmentation there appears to be two broad approaches: "top down" and "bottom up", or the "centralized planning" approach vs. the "negotiation on program by program basis" approach.

Care

Two major reports, one by the State Child/Study Committee in late 1976 and the other by the Office of Juvenile Justice, 1977 have made as their paramount recommendation a proposal for an office of child advocacy. This has been reinforced within the last few weeks by state Senator Faxon, a leading child advocate. He has introduced legislation embodying the recommendations of a conference of early childhood practitioners sponsored by the Senate Education Committee that urged the establishment of an early childhood and youth office in the executive branch. These three proposals see this as performing three basic functions: 1) the collection of data on all programs affecting

children; 2) the coordination of the delivery child care services and 3) the development of policies and programs for improving services to children. Furthermore, all three initiatives make the assumption that such a centralized planning agency is a first step before improvements in the process of child care delivery can begin. Putting this conceptualization into terms of a policy process model, childhood services proponents are not only developing mutual political awareness but are making some preliminary policy assertions, which however, at this point lack specificity about implementation and cost.

To put these formal policy initiatives in some political perspective, we conducted a half dozen informal telephone interviews with pertinent childhood policy persons (two 4 C's personnel, two Department of Education early childhood specialists, a Social Service associate director functioning as an interdepartmental coordinator for childhood programs and well-known child advocate from the League of Women Voters). It is not surprising that these people share a common "bottom up" orientation given their proximity to and experience in the political process. At a more specific level, they reflect certain basic assessments. First, the child advocacy office proposal is not likely to succeed at this time because the Governor is urging simultaneously the twentieth department (constitutionally there can only be twenty) be an energy office and it is anticipated that the legislators will not perceive the child department as serving a pressing need. In addition, both the legislature and the effected agencies would likely oppose such a "supra-agency" as adding just another costly bureaucratic layer and thereby creating problems of oversight (the legislature) or diminishing institutional power (the ongoing agencies). Second, they felt there is less dramatic, but "real" movement by the agencies themselves negotiating coordination agreements on a program by program basis. Apparently mandated legislation in special education and

Medicaid Screening EPSDT initiated some interdepartmental action. This has been slowly expanding (and impacting on other areas) through incremental negotiations over the last year. One very recent example is that the three major departments began intensive discussions on pooling interdepartmental resources in response to new federal requirements for a service plan for pre-school children under S.S.I. (supplemental security insurance for disabled children).

Further investigation is necessary to ascertain the state of the centralization and integration process. It is still unclear whether the "bottom up" incremental process will be the sustained mode or whether a mixture of central planning and particular negotiation will be the thrust. Beyond this description there is a policy question: which approach leads to optimal solutions for child impacting problems and childhood programs?

Child Services Data and Analysis

It has been our continuous understanding that the scope of this study has entailed the role of state agencies as "middlemen" between federal allocations and local distributions of moneys for childhood programs. In particular, the concern has been to uncover possible patterns of differential funding access for various client populations. Moreover we attempt to make initial and necessarily tentative inferences about the factors related to these configurations, e.g. variations in state and local distributive systems and/or the variable lobbying effectiveness of private and/or public service agencies and practitioners.

To move toward these broad goals we have pursued a two stage approach: 1) a comprehensive analysis; and 2) case studies.

A comprehensive analysis means that we examined each of the major relevant agencies (Public Health, Education and Social Services) and the spectrum of their federally-funded child-impacting programs. The objective has been to

determine the number and nature of such programs, the level of funding for representative (and/or recent) years and the number of child clientele serviced by each of these programs. We then supplemented a state-wide perspective with an analysis of selective counties with respect to the full scope of the child-related programs under the corresponding county agencies.

Table One depicts programs funded by the federal government which impact directly on school (including pre-school) children. The three different departments (Public Health, Social Services and Education) provide the bulk of such programs and therefore, promulgate directives and act as conduits for monies and personnel for counties or subsidiaries. The counties included in this preliminary study are the Detroit suburban county of Oakland and rural northcentral lower peninsula Mecosta (Parts "B" and "C" of Table One). Oakland county contains such old line manufacturing centers as Pontiac (General Motors) as well as many growing new residential towns such as Bloomfield Hills. Mecosta county on the other hand, is small and essentially rural or forested, but it does have a medium-sized city in Big Rapids with Ferris State College. These counties represent the extremes in the state on per capita income with Oakland having more than twice the per capita income of Mecosta (Table One).

Table One, parts "B" and "C" gives the federal funding for these two counties from the state. The county data include only Public Health and Education as Social Services is a state agency with no county counterpart. Moreover, for many Social Service programs, the county is not a unit through which moneys are channeled.

Quite clearly, the largest federally funded childhood impacting department is Social Services with nearly four times the moneys spent as Education and fifteen times that of Public Health (Table One, Part "A"). Of course, two programs, AFDC and medical services account for over 80% of the Social Services total. AFDC and medical services are big business with (federal)

budgets of over \$400 million between them. Any agency which manages such sums, if for no other reason, should be a rich source for the study of political dynamics. Apparently, to date little in the way of such political analysis of Social Service based childhood programs has been done, in the state of Michigan.

The data on Table One are suggestive in other ways as well. For example, the largest programs within each of the major child impacting agencies is oriented toward the economically, socially or physically disadvantaged or on "high risk" children. These largest programs in each of the agencies account for from about 33% (Public Health) to 50% (Education and Social Services) of the total federal moneys. Moreover, two, of three second largest programs also focus on the high risk children (Public Health and Social Services). The top two (federally funded) programs, in these latter two agencies, account for 50% to 80% of the total federal dollars.

It would seem that the nature of the programs heavily reflect the American cultural value that the childrearing is one of those areas of social privacy off-limits to governmental control. Public services should therefore be limited to high risk children: the poor; the mentally impaired; the physically disabled; and the unparented. Sharply contrasting with this the ideology of recent child advocate groups (the "Children's Cause") which would have government be the ultimate guarantor that each child realize his/her maximum potential. Such interventionist thought has obviously made little headway as yet among policymakers, and into the substance of public law.

As one examines these aggregate data for the three most child-oriented departments, one confronts the fact of the numerous categorical, single strategy programs which are perhaps effective in meeting specific needs of certain children and their families. But they fail to mesh in a way that serve children

and their families with multiple needs.

The data also portray an interesting picture of program fragmentation and overlapping functions with potential inter-agency conflict. The most dramatic example is that of Medicaid administration located in the Department of Social Services rather than Public Health. Also, food distribution is a function of two large programs: WIC in the Public Health Department and assistance payment administration of Social Services. Furthermore, Social Services has control over the administration and licensing of day care facilities (public, private-voluntary and proprietary, nursery schools, and Head Start). Vocal elements have been arguing recently that this entire area properly lies within the purview of the Department of Education under an office of pre-primary or early childhood education. Day Care is discussed at length as a case study below. Several respondents spoke to us of (and lamented on) these interdepartmental overlaps. However, as discussed above, pooling interdepartmental resources and efforts may arise but probably not on any systematic basis.

Moving on to the county level of operation it might seem paradoxical that Oakland county with the highest per capita income in Michigan turns out to be one of the higher recipients among the counties of funding for children's services. While the county contains four cities that are among the wealthiest small cities in the nation, it does contain an old core middle city: Pontiac with its large, low income majority. This latter ecological factor explains to a degree the large influx of federal educational and health dollars. There do appear to be some political factors that may have at least influenced the ultimate size of the educational funding. Bill's own comparative study of Pontiac and Utica educational policymaking structures uncovered the fact that the Pontiac LEA has an over developed political administration with a full-time lobbyist making the circuit between Washington, Lansing and Pontiac. At

the Oakland Intermediate School District level, the elite interviewees in our state educational politics research almost uniformly ranked Elden Rosegart, the Oakland intermediate school "information officer" as among the most politically effective educational lobbyists in Lansing. Specifically, he is almost always placed by others among a select group of pressure experts that we have labeled the "geographic" or metropolitan lobbyists: a) city lobbyists (Dick Smith-Detroit and Jerry Dunn-non-Detroit, Wayne county school districts) and b) intermediate school district lobbyists (Dan Manthe-Wayne County and Elden Rosegart-Oakland County). No other single or combination of city or intermediate district lobbyists comes close to these representatives in their eternal vigilance, mastery of parliamentary procedure and school funding expertise.

Mecosta county with the lowest per capita income has neither heavy industry, prosperous farming nor significant extractive industry. It is simply one of six participating counties in the regional program for medical screening, EPSDT. The most heavily federally-funded health program in the state: the Special Supplementary Food Program for Women, Infants and Children which has been ongoing for a couple of years in other counties has only now been applied for in Mecosta county (described below). Within education most of the money has been earmarked for purchases of equipment or facility modification and very little for directly child-impacting expenditures. Further investigation is needed to see to what extent this low federal input is strictly the result of sparse population alone or, in part, a function of a rural sub-culture: Social isolation and resulting passivity of potential client populations combined with either the indifference or hostility to such activity by the Republican power structure in the county?

Case Studies

In an attempt to complement the preceding approach, we have followed

through on a limited number of individual programs in each of the three service areas: the Special Supplementary Food Program for Women, Infants and Children (Public Health); ESEA Title I: Trainable Mentally Impaired (TMI-Education) and ESEA Title VI, Priority 4 (Education); and Day Care (social Services).

Table Two includes some specific data on these programs. We utilized several criteria for selecting the programs. 1) Size. We avoided choosing those programs which were very large, e.g., AFDC or very small, e.g., ESEA "Title One, the Neglected." Rather we chose programs that are large enough to have some impact but are still manageable in terms of understanding salient dimensions. 2) Impact on Pre-School Children. Programs were included which apparently have a large impact on pre-school children. We relied on expert advice from respondents within the various agencies to guide us in such selections. 3) Presence of the program in the counties selected. Quite clearly all the programs must have state components or there would be no program. However, not all programs are found in every county. For example, Oakland has no "maternal-child health" program, while Mecosta does (Table One - "B" and "C"). 4) A program from each of the three agencies. Several programs satisfy all our criteria and are found on Table Two.

A wholly federal funded program, WIC refers to women, infant and children special supplemental food program (in the Department of Public Health). The program is designed to "provide food of prescribed nutritional value to supplement diets of low income pregnant or breast feeding women, infants and children under age five." A program condition is that there must be an ongoing public health care system at the recipient county level. The normal procedure in Oakland County is that food (milk, juice, and cereal) is distributed through coupon books good for 30 days with client identified and items specified. The more usual method in Mecosta County is a food delivery system where the baby is weighed and blood analyzed every month, and the mother given

nutritional education and a box to cover the month's food.

With scientifically based eligibility requirements, easy accessibility through flexible delivery, relatively simple services provided and readily measurable outcomes, this program appears to be one of those most likely to have the greatest benefit to the greatest number of clients with the least administrative overhead or political manipulation.

The preceding would seem to characterize such a program as WIC and perhaps other public Health programs as well. An observation, however is that Oakland County has managed to corner a large portion of these funds (Table Two). About 14% of the total state allocation is funneled into Oakland County, an unpoor county which has about 10% of the total state population (Table One). Mecosta has done well also as better than 02% of the total state allocation has gone to this poor rural county (with much less than 01% of the state population).

Another program of significance for those interested in early childhood policy is ESEA Title VI, Priority 4. This focuses on pre-primary (0-5 years) handicapped children with an orientation to classroom and/or at home development of readiness skills. The child attends a classroom program 1,2, and 3 days per week and this may be supplemented by home visits of a paraprofessional under the guidance of a special education teacher. The program assumes significant parental involvement. It is based on the handicapped student population in private and public schools in a planning region (the state is divided into twenty-two planning regions composed of combinations of intermediate school districts as mandated by the state school board). One of the intermediate school districts serves as the fiscal agency for that region. The actual programs operate on either a regional, intermediate or local school district level. Oakland county has a large enough population to constitute by itself a region (it has projected a 429 client level for this coming year, Table Two). Mecosta is part of a region of 8 intermediates including Traverse City, Charlevoix,

Lake, Manistee, Mason, Wexford, Missaukee (it has a projected client level of 300). There is little evidence of significant geographic inequity at this point in the investigation of this program.

ESEA Title I: Trainable Mentally Impaired (TMI) presents a significant problem for investigation because it constitutes a label that covers a wide array of individualistic programs. The trainable mentally retarded by contrast with the severely mentally impaired are a highly variable group requiring, from area to area, varying combinations of thirty different possible activities. There are currently 57 projects involving 300 full-time teachers and teacher's aides. One of the distinctive features that strengthens this program is that, originally the mode of distribution was based on SDE discretion (whereby the Wayne and Oakland county lobbyists were able to maximize their constituencies gains (according to an SDE informant). Now it is determined on all children per capita basis (\$7 million dollars or \$500 per pupil and thereby leaving no room for political allocation). A question arises, to what extent does this per capita basis allocation seem to be on the ascent and bargaining with agency discretion on the decline?

Being totally a state agency and directly responsible for the implementation of its own programs, the Department of Social Services operates quite differently from the other two child-impacting state agencies. Day care as a Social Services program acts directly in the local community (the county as a unit of involvement is irrelevant) by for example, licensing day care centers and/or purchasing the services of a home. There are actually three types of day care settings (services): day care within own home; the day care center and day care within a neighbor's home. They provide food and shelter for children of needy working parents who are receiving training, have social or health problems and the like. Most recipient children stay in their own

home (61%), although in Mecosta county the ratio is about 50% (Table Two). Oakland exceeds the state ratio with about 73% staying in own home.

Since there is no mediating bureaucratic layer such as the county, the political dynamic in day care is quite different from WIC. Funds are allocated directly to receiving facilities (families). Recipients in Oakland county actually receive proportionally less than their population suggests or about 06% (vs. 10% of the state's population) Mecosta receives less than 01% of day care funds which is in line with their small population. These findings are to be expected given the differential class levels in the two counties.

Day care has a long controversial history on procedures and impact. Perhaps it has been the most controversial of any state agency program generally, e.g., the child development issue. More recently, as noted above, in the state of Michigan public argument has shifted to jurisdictional questions. Specifically in another group of telephone interviews on state pre-primary educational politics that we conducted earlier this year, one of the major themes was the state of territorial tension between the SDE and Social Services over early childhood care programs and facilities; State Superintendent John Porter's "shop" is a would-be aggrandizer and John Dempsey's bureaucracy is a defender of its prerogative.

What is especially compelling about the day care issue is that this inter-departmental jockeying is a piece of a larger political situation within this and other states involving the possible extension of the K-12 administrative framework down over early childhood care programs. With declining K-12 enrollments and concomitant vacant school buildings, administrative, school board and teacher organizations are looking at the pre-primary area as one way of meeting the challenge of "excessed" teachers and underutilized facilities. This strategy is not lost on the incumbent early childhood practitioners with

their programs and positions threatened. Like many significant conflicts it has even taken on an ideological tone with the K-12 school people stressing "cognitive outcomes, organizational efficiency", and simultaneously casting aspersions on "warm fuzzies (the incumbents) with doubtful competence." In turn, the early childhood people deplore what they see as the "deadhand of K-12 bureaucracy snuffing out creative programs oriented to the total person in favor of one dimensional, Skinnerian conditioning."

Research Recommendations

1. Give sustained attention to educational programs. While this area has received much research attention, it has rich and accessible political processes and forces whose study should not be neglected. Furthermore, it relates most directly to the Consortium's focal concern with early childhood development and pre-primary education.
2. Reduce (not eliminate) the scope and intensity of research into public health programs. Their heavily technical criteria and operation appear to reduce the role of political decision-making and processes within them.
3. Stress the investigation of social service programs. Social Services has a budget that is much larger than the other two service areas; and a reasonable working hypothesis is that where the material stakes are high, that is where significant political processes are likely to be at work. In this regard, day care seems to be a particularly compelling example and one of special interest to the Consortium. And this all ties in with the popular image among state policymakers of the Social Services Department constituting a formidable institutional interest group whose large, politically sensitive client populations and their organizations are readily mobilizable for political pressure. In addition, as with most bureaucratic power systems, it is not only the external actions and relations of the Social Service Department that are of importance, but equally compelling can be the internal politics: the patterns

of vertical control and horizontal competition and cooperation. Finally, given the fact of the apparent paucity of prior research into Social Service program politics and the difficulty of scholarly penetration of this organization, it should therefore be a major research priority.

4. Explore the processes of program integration or as stated in the original research prospectus: "comprehensive planning approaches." At the state level, a major current of thought among child advocates is not to promote additional programs, but rather to increase the effectiveness and equity of the existing ones through new structures of general coordination. As indicated above, there are formal and external (outside of government) pressures (two commissioned studies and a legislative proposal) advocating a child program office. Furthermore, there are informal and internal processes among the departments themselves concerned with the issues of program gaps, redundancies, overlapping jurisdictions and resource pooling. At the county level, some questions arise. For example, what is the degree of contemplated or actual organizational coordination among child-related program people? How adequate are these arrangements? Finally between the county and the state a regional planning level exists in some states, especially in education. How operative are these regional units (usually composed of more than one county)? How do these bodies function and what are some apparent program results? Are such regional schemes in operation in the other two areas: public health and social services? How do they work and with what effectiveness?

5. Include more counties at the middle range of per capita income. In particular, the most fruitful comparisons in Michigan may be comparing the counties containing the old core middle cities, e.g., Saginaw and Jackson with the counties having old major cities, e.g., Detroit and Grand Rapids.

6. Gather more longitudinal data for Selective programs. Five year studies give a historical sense missing from narrow cross sectional analysis. Day

care seems especially ripe for such analysis.

7. ^{a study}
Do/systematic/of distributive systems of programs under investigation.

To what extent does this per capita basis allocation seem to be on the ascent and bargaining with agency discretion on the decline, e.g., ESEA - Title TMI?

8. Compare state based program funding with their federal counterpart.

To what extent are state programs more politically permeated?

9. Isolate a program common to the three states as a basis for systematic comparison. For example, Title VI priority III, IV (administering and delivery of educational services to handicapped children) seems to offer a rich research comparative possibility. It is a program whose mandates tend to promote some cross departmental coordination.

10. Need agreement on the salient (independent and dependent) variables in each of the major areas and especially in specific programs.

TABLE ONE - FEDERALLY FUNDED PROGRAMS - IMPACT ON CHILDREN

A. The State (Population - 8,645,000 - 1970)

<u>AGENCY</u>	<u>PROGRAM</u>	<u>YEAR</u>	<u>FEDERAL \$\$\$\$</u>
1. PUBLIC HEALTH	PRESCAD - Pre school and Adolescent	1976-77	\$ 4,590,000
" "	EPSDT - Title 19 - Children thru age 18	" "	4,972,617
" "	M & I PROJECTS - Maternal & Infant	" "	1,614,440
" "	Perinatal - U. of M.	" "	54,001
" "	Evaluation Contracts - Pre School & Adol.	" "	12,000
" "	Area Amputee	" "	245,000
" "	Appraisal Center	" "	100,200
" "	Mental Study	" "	98,080
" "	Crippled Children- Title 19	" "	5,300,000
" "	Dental Screening - Title 19	" "	485,000
" "	WIC - Women, Infant, Children (Only I & C)	" "	8,214,344
" "	Dental - Mouth Rinsing	" "	47,346
" "	Western U.P. Dental	" "	89,600
" "	Maternal & Child Health Supplementals	" "	166,500
	(Total)--		\$ 25,939,128
2. SOCIAL SERVICES	Medicaid Administration (on age 21 & under)	1977-78	2,236,717
" "	Assistance Payments Adm. (Food Stamps)	" "	12,043,555
	(approximately on age 21 & under)		
" "	Community Placement/Child (Foster Care)	" "	17,339,695
" "	Day Care	" "	30,022,301
" "	Delinquency Prevention	" "	5,485,068
" "	Protective Services/Child	" "	9,527,797
" "	AFDC (Aid to Families of Delinquent Children)	" "	282,693,247
	(on age 21 & under)		
" "	Medical Services (approx. on age 21 & under)	" "	118,808,475
	(Total)--		\$478,156,855

TABLE ONE - FEDERALLY FUNDED PROGRAMS - IMPACT ON CHILDREN (continued)

A. The State (Population - 8,645,000 - 1970)

<u>AGENCY</u>	<u>PROGRAM</u>	<u>YEAR</u>	<u>FEDERAL \$\$\$\$</u>
3. EDUCATION	ESEA Title I (Disadvantaged)	1976	\$ 3,153,193
"	ESEA Title I (Part A, Disadvantaged)	"	299,881
"	ESEA Title I (Follow Thru-Disadvantaged)	"	18,858
"	ESEA Title I (L.E.A.'s-Disadvantaged)	"	70,708,622
"	ESEA Title I (Migrant-Disadvantaged)	"	4,396,731
"	ESEA Title I (Neglected-Disadvantaged)	"	14,628
"	ESEA Title I (Part B, Special Incentives-Disadvantaged)	"	2,456,139
"	ESEA Title I (Part C, Urban-Rural-Disadvantaged)	1975	2,572,550
"	ESEA Title I (Part A, Mental Health, Retarded, TMI Only)	1976	3,153,193
"	ESEA Title VI (Grants-Handicapped-Pre-school/School Programs)	"	6,617,044
"	ESEA Title VI (Part C, Handicapped - Pre-school/School Programs)	"	40,000
"	ESEA Title VI (Part D, Handicapped)	"	149,000
"	ESEA Title VI (GLAARRC-Handicapped)	"	137,840
"	ESEA Title VI (GLAFRC-Handicapped)	"	137,840
"	ESEA Title VI (Midwest Regional Center)	"	1,451,764
"	Right to Read - PL 93-380 Title VII	1975	183,690
"	School Lunch Administration	1976	161,324
"	School Lunch Breakfast	"	570,000
"	School Lunch Equipment	"	1,313,768
"	School Lunch Lunches	"	35,957,000
"	School Lunch Special Feed	"	913,743
"	School Lunch Special Milk	"	6,244,750
"	School Lunch Special Summer	"	533,278
(Total)---			\$141,214,834

TABLE ONE - FEDERALLY FUNDED PROGRAMS - IMPACT ON CHILDREN (continued)

B. County: Oakland (Population - 893,288 - 1970) per capita income: \$7,660

AGENCY	PROGRAM	YEAR	FEDERAL \$\$\$\$
1. PUBLIC HEALTH	Medicaid Screening, E.P.S.D.T.	1977-78	\$ 281,496
" "	Special Supplemental Food Program for Women, Infants and Children	1976-77	1,388,236
		(Total)--	\$ 1,670,332
2. EDUCATION	ESEA, Title I	1977-78	4,271,386
"	Special Institute #12	1977-78	2,000,000
"	Special Institute #6	1977-78	7,000,000
"	Title IV-C Project Talk	1977-78	76,819
"	Title VI, Priority II	1977-78	103,496
	Special Education		
"	Title IV-D	1976-77	319,341
"	Title VI, Priority 3	1976-77	137,921
"	Title VI, Priority 4	1976-77	58,199
"	Title I (SMI)	1976-77	169,353
"	Title I (TMI)	1976-77	297,247
		(Total)--	\$ 13,271,181

C. County: Mecosta (Population - 22,737 - 1970) per capita income: \$3,098

AGENCY	PROGRAM	YEAR	FEDERAL \$\$\$\$
1. PUBLIC HEALTH*	Family Planning	1976-77	\$ 14,000
" "	Medicaid Screening (6 counties)	1976-77	59,000
" "	Maternal-Child Health (including immunization)	1976-77	4,311
" "	Nutrition Program for Women, Infants and Children	1976-77	212,000
		(Total)--	\$ 289,311
2. EDUCATION**	Priority III: Title VI	1976-77	4,505
"	Priority IV: Title VI	1976-77	2,029
"	Title IV	1976-77	554
"	Title I - TMI	1976-77	11,989
"	Upper Great Lakes Commission	1976-77	61,715
"	Michigan Dept. of Education Federal Grant	1976-77	118,318
"	Upper Great Lakes Commission, Construction Grant	1976-77	170,000
"	Special Needs (handicapped/disadvantaged teacher aides)	1976-77	14,430
		(Total)--	\$ 383,540

*Mecosta County has a Public Health department. However, some of the programs were administered through several county projects, ex. WIC Mid Michigan project.

**Mecosta County is in a two-county intermediate school district, data were calculated for Mecosta County alone.

TABLE TWO - SELECTED PROGRAMS (Dollars are Federal Dollars)

PROGRAM	STATE		OAKLAND		MECOSTA	
	Total	Only I+C	Total	Only I+C	Total	Only I+C
A) WIC Supplemental Foods (1976-77)						
1) Funding (Totally federally funded program)	\$9,944,727	\$8,214,344	\$1,388,863	\$1,145,811	\$212,000	\$175,112
2) July, 1977 Caseload	35,389	28,779	3,991	3,173	68	51
B) Day Care						
1) Funding (1977-78)	\$30,022,301					
(1975-76)	\$29,210,345		\$1,430,612		\$67,084	
2) Recipient Families (1975-76)	18,315		946		56	
3) No. of Children in Recipient Families (1975-76)	32,439		1,718		81	
(Contributed State Share-\$5,547,900)						
4) No. of Recipient Children in own home/outside home (Feb. 1976)	20,361/13,063		1,359/503		41/39	
C) ESEA Title I Disadvantaged (Part A-Trainable Mentally Impaired-1976-77)						
1) Funding	\$ 3,153,193		\$ 297,247		\$11,989	
2) Recipient Children			600		9	
D) ESEA Title VI (Handicapped Pre-School and School-6 parts-1976-77)						
1) Funding	\$ 8,533,488		\$ 103,496		\$14,430	
2) Recipient Clients			429		300(33)	